

GUARANTOR #:019656-00 Seaman, Crystal D DATE :05/06/04
 PATIENT #:019656-00 Seaman, Crystal D D.O.B:03/09/70
 ASSIGNMENT :yes-no 28045 Beulah Church Rd CHART:12136
 LAST PAY DT:04/26/04 Opp, AL 36467 HOME :
 LAST PAY \$: 3.00 EMRG :334-858-5904
 LST PLN PAY:10/02/03 EMPLOYER NAME: EMPLY:
 LST PLAN \$: 15.00 REF DOCTOR:odm Mitchum, O.D. S S #:236-15-0086
 AT COLLECTN: 0.00 CLASS:s1f DR:sb4

INSURED #1

Seaman, Crystal D
 28045 Beulah Church Rd
 Opp, AL 36467

INSURED #2

PLAN 1 :National Security Ins Co PLAN 2 :
 POLICY #:236150086 FR:04/25/03 POLICY #:
 GROUP #: TO:10/22/03 GROUP #:

DATE	BILL #	DR.	CPT/PROCEDURE	CHECK #:	PLAN	POS	CHARGE
05/12/03	86877	sb4	99203-Office/Outpatient Visit, New			11	94.00
05/29/03			PAYMENT-THANK YOU 0239279:National Security Ins				15.00-
05/29/03			Insurance Writeoff:National Security Ins Co				79.00-
06/16/03			Reverse Writeoff:National Security Ins Co				79.00
12/17/03			PAYMENT-THANK YOU				5.00-
12/22/03			PAYMENT-THANK YOU				5.00-
02/23/04			PAYMENT-THANK YOU				5.00-
03/29/04			PAYMENT-THANK YOU				5.00-
04/26/04			PAYMENT-THANK YOU				3.00-
05/12/03		sb4	L3908-Wrist Splint, Velcro			11	25.00
			wrist splint, right				
05/29/03			PAYMENT-THANK YOU 0239279:National Security Ins				25.00-
			Payment Notes: no EOB with payment				
			Assignment not accepted				
			First Form Printed for National Security Ins on 05/19/03 for			119.00	E?nl
			Last Form Printed for National Security Ins on 05/19/03 for			119.00	E?nl
			OFFICE: 4 Dx:842.00-Sprain Of Wrist N			56.00	<-----
06/02/03	87397	sb4	99213-Office/Outpatient Visit, Est			11	69.00
06/16/03			PAYMENT-THANK YOU 0239362:National Security Ins				15.00-
			Payment Notes: supplement ins policy				
			First Form Printed for National Security Ins on 06/06/03 for			69.00	E?nl
			Last Form Printed for National Security Ins on 06/06/03 for			69.00	E?nl
			OFFICE: 4 Dx:354.2-Ulnar Nerve Palsey			54.00	<-----
06/30/03	88180	sb4	99212-Office/Outpatient Visit, Est			11	56.00
07/16/03			PAYMENT-THANK YOU 0239566:National Security Ins				15.00-
			Payment Notes: Supplemental insurance pmt				
			First Form Printed for National Security Ins on 07/07/03 for			56.00	E?nl
			Last Form Printed for National Security Ins on 07/07/03 for			56.00	E?nl
			OFFICE: 4 Dx:354.2-Ulnar Nerve Palsey			41.00	<-----
07/11/03	89127	sb4	99212-Office/Outpatient Visit, Est			11	56.00
07/11/03			PAYMENT-THANK YOU				10.00-
08/25/03			PAYMENT-THANK YOU 0239835:National Security Ins				15.00-
			Payment Notes: Supplemental insurance payment				

PLAINTIFF'S
 EXHIBIT
 10

GUARANTOR #:019656-00	Seaman, Crystal D	DATE :05/06/04
PATIENT #:019656-00	Seaman, Crystal D	D.O.B:03/09/70
ASSIGNMENT :yes-no	28045 Beulah Church Rd	CHART:12136
LAST PAY DT:04/26/04	Opp, AL 36467	HOME :
LAST PAY \$: 3.00		EMRG :334-858-5904
LST PLN PAY:10/02/03	EMPLOYER NAME:	EMPLY:
LST PLAN \$: 15.00	REF DOCTOR:odm Mitchum, O.D.	S S #:236-15-0086
AT COLLECTN: 0.00		CLASS:s1f DR:sb4

INSURED #1

Seaman, Crystal D
 28045 Beulah Church Rd
 Opp, AL 36467

INSURED #2

PLAN 1 :National Security Ins Co	PLAN 2 :	
POLICY #:236150086	FR:04/25/03	POLICY #:
GROUP #:	TO:10/22/03	GROUP #:
		FR:
		TO:

DATE	BILL #	DR.	CPT/PROCEDURE	CHECK #:	PLAN	POS	CHARGE
1			First Form Printed for National Security Ins	on 08/15/03	for	46.00	E?nl
1			Last Form Printed for National Security Ins	on 08/15/03	for	46.00	E?nl
		OFFICE: 1	Dx:354.2-Ulnar Nerve Palsey			31.00	<-----
09/22/03	90288	sb4	99211-Office/Outpatient Visit, Est			11	38.00
09/22/03			PAYMENT-THANK YOU				10.00-
12/02/03			PAYMENT-THANK YOU 0239917:National Security Ins				15.00-
1			Payment Notes: Supplemental insurance payment				1
1			First Form Printed for National Security Ins	on 09/26/03	for	28.00	E?nl
1			Last Form Printed for National Security Ins	on 09/26/03	for	28.00	E?nl
		OFFICE: 4	Dx:354.2-Ulnar Nerve Palsey			13.00	<-----
10/27/03	91111	srb	99212-Office/Outpatient Visit, Est			11	56.00
11/06/03			PAYMENT-THANK YOU none:National Security Ins Co				0.00
11/06/03			Insurance Writeoff:National Security Ins Co				0.00
1			Payment Notes: Coverage expired				1
1			First Form Printed for National Security Ins	on 10/31/03	for	56.00	E?nl
1			Last Form Printed for National Security Ins	on 10/31/03	for	56.00	E?nl
		OFFICE: 1	Dx:354.2-Ulnar Nerve Palsey			56.00	<-----
12/17/03	92081	srb	pre-Pre Op Visit			11	0.00
		OFFICE: 1	Dx:354.2-Ulnar Nerve Palsey			0.00	<-----
12.22/03	92139	sb4	99024-Post-op Follow-up Visit			11	0.00
		OFFICE: 4	Dx:354.2-Ulnar Nerve Palsey			0.00	<-----
12.19/03	92183	sb4	64718-Revise Ulnar Nerve At Elbow			22	1700.00
		OFFICE: 1	Dx:354.2-Ulnar Nerve Palsey			1700.00	<-----
12.12/04	92527	sb4	99024-Post-op Follow-up Visit			11	0.00
		OFFICE: 4	Dx:354.2-Ulnar Nerve Palsey			0.00	<-----
01.22/04	93524	srb	99024-Post-op Follow-up Visit			11	0.00
		OFFICE: 1	Dx:354.2-Ulnar Nerve Palsey			0.00	<-----
01.23/04	94357	sb4	pre-Pre Op Visit			11	0.00
		OFFICE: 4	Dx:354.2-Ulnar Nerve Palsey			0.00	<-----
01.23/04	95147	srb	99024-Post-op Follow-up Visit			11	0.00
		OFFICE: 1	Dx:354.2-Ulnar Nerve Palsey			0.00	<-----

GUARANTOR #:019656-00 Seaman, Crystal D DATE :05/06/04
 PATIENT #:019656-00 Seaman, Crystal D D.O.B:03/09/70
 ASSIGNMENT :yes-no 28045 Beulah Church Rd CHART:12136
 LAST PAY DT:04/26/04 Opp, AL 36467 HOME :
 LAST PAY \$: 3.00 EMRG :334-858-5904
 LST PLN PAY:10/02/03 EMPLOYER NAME: EMPLY:
 LST PLAN \$: 15.00 REF DOCTOR:odm Mitchum, O.D. S S #:236-15-0086
 AT COLLECTN: 0.00 CLASS:s1f DR:sb4

INSURED #1INSURED #2

Seaman, Crystal D
 28045 Beulah Church Rd
 Opp, AL 36467

PLAN 1 :National Security Ins Co PLAN 2 :
 POLICY #:236150086 FR:04/25/03 POLICY #: FR:
 GROUP #: TO:10/22/03 GROUP #: TO:

DATE BILL # DR. CPT/PROCEDURE CHECK #: PLAN POS CHARGE

PATIENT NOTES: PT MUST PAY SOMETHING ON BALANCE BEFORE
 SHE SEES THE DOCTOR!!

Last statement printed on 04/22/04 for 1954.00

Balance for Seaman, Crystal D 1951.00
 Balance for Plan 0.00

	<u>CURRENT</u>	<u>031-260</u>	<u>061-090</u>	<u>091-120</u>	<u>120+</u>
patient	0.00	0.00	0.00	0.00	1951.00
plan	0.00	0.00	0.00	0.00	0.00